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Application Number	10/677,848
Filing Date	October 2, 2003
First Named Inventor	Neal M. Lonky
Title	VACUUM INSTRUMENT FOR GLOWING OR...
Art Unit	3761
Examiner Name	Melanie J. Hand
Attorney Docket Number	MEDT-01003US0

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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I am the:

☒ Applicant/inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature		Date	March 19, 2010
Name	Neal M. Lonky	Telephone	7M3222959
Title and Company	F&D Medical Employment Lawyer		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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